speaking and reading one of the three languages but not in writing it. They were allowed to respond in Pashtu.

The Inventory guide was designed to obtain information in the following data categories: (1) identificatory information, (2) personal background data, (3) skill type, training information, and work experience, and (4) opinions regarding current and future work expectations (see Appendix 1). The requirements for creating a data base of women for purposes of employment or re-training are satisfied by the identificatory and skill/work experience data categories. For example, several PVOs have been able to use the data base to find the origins of the women they have trained in order to evaluate future selection processes. The objectives of this Inventory, however, included the targeting of women with strong potential for continuing their work once back in Afghanistan. Consequently, various categories of data were included from which inferences can be made statistically regarding willingness and ability to continue practicing skills.

For example, it is reasonable to assume that an older woman or widow with grown children may have more mobility, status, and, in some cases, need than a younger women with young children. Thus, the marital status, age, number and ages of children, combined with the women's responses to questions regarding personal and family willingness to work in Pakistan and Afghanistan may be used to create a profile of the women most likely to continue use of skills and, thus, those most likely to benefit from skill upgrading. This approach is particularly useful in the cases of women who have not been trained after their arrival in Pakistan because we have no other way to judge their commitment.

In addition, several categories of data may be combined quantitatively to evaluate relationships between variables. For example, it might be hypothesized that women coming from certain areas of Afghanistan, belonging to certain ethnic groups, and who are (involved) members of certain political parties would be more or less likely to be allowed training and/or work outside their homes. Testing of this and other related hypotheses would demonstrate their accuracy within the Pakistan context and may be used to make inferences regarding work potential in Afghanistan.

A second interview guide (see Appendix 2) was administered to an additional 100 Afghan refugee women selected by the Project Director. The objective of this interview process was to collect and assess women's opinions on: (1) the conditions under which they will return to Afghanistan, (2) places to which they plan to return, (3) the extent of their willingness to work outside urban and/or home areas, (4) the type of government preferred, (5) the role of women in Afghanistan, (6) the assistance women will need to be productive, and (7) ways to convince male family and

community leaders of the need for female involvement in reconstruction.

It originally was intended that a cross-section of literate and non-literate, rural and urban women be involved in this interview. The final result is biased toward literate, urban women (i. e., about 70 percent). This bias occurred for two reasons. First, many of the non-literate women who consented to be involved in this process refused to answer the more important questions. Second, few of the non-literate women interviewed had opinions on many of the questions. Considerable time was spent trying to evoke responses but the risk of leading responses questioned the reliability of the information. Thus, some of the interviews of non-literate, rural women were rejected.

Problems in Data Collection

In general, few problems were encountered during the data collection process. Minor difficulties in data collection included: (1) the unwillingness of some interviewees to respond to some of the questions, (2) occasional resistance from Afghan political party people (usually not leaders), and (3) the inability of some of the interviewees to provide accurate data.

Political party membership and involvement constituted the most frequent lack of response area. Many of the interviewers indicated, however, that it was difficult to determine whether the interviewee was refusing to answer these questions or whether she did not know the answer. On the encouragement of the GOP, most Afghan refugees hold membership in one of the political parties. But, for many of the refugees, this membership is only a nominal one. Thus, one may assume that many of the women do not know to which party their family belongs.

The inability of some of the interviewees to provide accurate data represented the most serious constraint. In addition to political involvement, several other data categories caused some confusion. They include ages of respondents, ages of respondents' children, specific geographic origins, sub-ethnic affiliations, dates of training, and prior work experience. Since, for the purposes of this inventory, ages are relative, this shortcoming is not critical. That is, it is easy to determine whether or not a woman was quite young or mature, whether her children required care or could manage for themselves.

A similar situation obtained for dates of training and work, i. e., did they receive their training a long time ago, in the last ten years, or more recently. Ascertaining specific geographic origins, however, provided a more a serious obstacle. As this writer encountered in previous research, many rural people from Afghanistan are unable to identify the district and,

sometimes, even the province, from which they came. For women who normally would never leave their villages, names simply are unimportant. In addition, names of villages vary among a village population. The Inventory guides were scrutinized to provide an origin identification accurate to the finest level possible.

In most cases, the above-cited problems in data gathering were resolved. The evaluation of the Inventory guides by the Project Supervisor, however, resulted in the rejection of 101 Inventory guides because the information either was insufficient or appeared too inaccurate to be reliable. The total number of records included in the analysis is 2150.

Analytical Techniques

During the data collection process, Inventory guides not completed in English were given to a translator for translation into English. After translation, the Project Director evaluated each form for its completeness and accuracy. In a few cases, respondents were re-visited for additional information. Since responses were presented in a variety of forms (e. g., a political party name or the name of the party leader), the Project Director "translated" each response into a consistent response type (e. g., all political parties are identified by the name of the leader to avoid confusion) so that the maximum benefit of the data base could be achieved.

A program to handle the information useful for the creation of a data base was created. The Inventory forms originally were given to three data enterers for entry into the Dbase III Plus program. Because of the enormous amount of data (i.e., 2150 cases each with over 30 data items) and the complexity of some of the information, three additional data enterers were required. Once all the data had been entered, various configurations of information were requested (e. g., all Traditional Birth Attendants over 40 who are widows with children over 20 years of age). The interpretation of these data viz-a-viz their implications for UNICEF appear in the following section.

III: ANALYSIS OF INVENTORY DATA

The primary objective of this analysis is to evaluate the need for and most useful types of re-training programs for Afghan women already skilled to some degree in the education and health sectors. The discussion of the data, thus, is arranged according to the following categories of information: (1) existing skills and numbers of women possessing these skills, (2) locations of skilled Afghan women in Pakistan, (3) origins of the women in Afghanistan, (4) ethnic affiliations combined with origins, (5) political party membership and involvement of the women and their families in political party activities, (6) education and

literacy level of the women, (7) ages, (8) places and dates of training, (9) employment backgrounds, and (10) opinions regarding desire to work in the fields in which they have been trained, the places they prefer to work, and the need for additional training (Tables appear in Appendix 3). The presentation of these data is intended to reveal trends that will be useful in assessing the need, as well as the advisability, of funding re-training programs in the female health and education sectors. Any probabilities suggested in this report are based on a qualitative assessment of the data as well as behaviors identified by this writer and others as prevalent among the peoples of Afghanistan (e. g., the likelihood of a woman using her skills in Afghanistan).

Skills Available

Of the 2150 skilled women identified by the Inventory, 456 claimed to be jobless in Pakistan (Table III.1). The majority of the jobless individuals are teachers or midwives. Many of the women who acted as midwives in Afghanistan continue to deliver mother/child care within their own families (Table III.2). Their perception of themselves as "jobless" probably is a reaction to the organized networks of TBAs/FHWs supervised by the GOP and PVOs. Since many of the women (independent midwives and TBAs/FHWs) come from the same places in Afghanistan and currently inhabit the same refugee villages, some rivalry exists and may become more competitive once back in Afghanistan.

By far the majority (71.4 %) of the trained women fall into the four categories of (1) TBA/FHW, (2) teaching, (3) midwifery, (4) and nursing. The majority of the women who were students in Afghanistan are teachers or nurses who have received varying degrees of training in Pakistan (see discussion below). The other skill sectors have very minimal representation suggesting that re-training in these areas would have limited impact.

Locations in Pakistan

Not all of the women were willing to provide information on their locations in Pakistan. The reasons given were: (1) they are not interested in working or additional training and (2) they are reluctant to be identified for fear of trouble with resistance parties. This latter group often refused to answer political party questions as well.

In terms of actual locations of specific skill categories, several observations may be made: (1) individuals with high level skills (e. g., doctors, dentists, pharmacists) tend to live in the cities of Peshawar and Quetta., (2) lower level skills in the NWFP tend to be found in the larger PVO-administered camps

(Save the Children-UK, the International Rescue Committee), (3) given the much smaller number of refugees in Baluchistan versus those in the NWFP, the proportion of midwives is notably higher in Baluchistan and many of the Baluchistan midwives are from the self-settled, urban refugee community, and (4) there are more teachers living in refugee villages than in cities (89 in camps versus 56 in Peshawar and Quetta) and approximately 50 percent of the teachers are unemployed (Table III.3).

Geographic Origins

The data on provincial origins clearly indicates a concentration of women from certain provinces in particular skill categories. For example, 66 percent of the women with training on the higher skill levels (e. g., teachers, doctors, dentists, pharmacists) come from the two provinces of Kabul and Ningrahar (Table III.4). The proportion is slightly higher when those teachers who are not employed in Pakistan are included (approximately 69 percent). Moreover, the majority of these women come from the two major cities of Afghanistan, i. e., Kabul and Jalalabad (fig. 1 & Table III.5). These locations are predictable given that the country capital (Kabul) and the provincial capital of Ningrahar (Jalalabad) had the best educational facilities in Afghanistan, including medical schools and teacher training institutues in both cities. In addition, educational opportunities for women were greater in these places than elsewhere in Afghanistan.

The most significant geographic bias, however, obtains in the Traditional Birth Attendant/Female Health Worker categories where over 50 per cent are from Kunar and Paktya provinces. The remainder are scattered over many provinces but, with the exception of the northeastern provinces, in numbers too small to form a base of coverage. Moreover, most of the central provinces are not represented.

There are several reasons for this imbalance. First, the two largest basic health training programs for women, Save the Children-UK (SCF-UK) and the International Rescue Committee (IRC), work in specific refugee villages located near to one another (e g., IRC works only in the Hangu and Thal camps). Geographic origin has played an important role in refugee settlement patterns in Pakistan. The majority of the refugees from Afghanistan, especially those who came to Pakistan in the early years of the conflict, tended to settle with other families from the village or clusters of villages in the same district. In some cases, villages have been replicated in camps with mosques bearing the name of the home village. Consequently, those PVOs conducting training courses in clustered refugee camps have students who come from the same areas of Afghanistan and, often, from the same extended families.

Second, the processes used by the PVOs to select women for the health training courses have not been very exacting. Little attempt has been made, for example, to choose women who come from the different villages. This failure to broaden the base of trained female health workers, however, cannot be blamed entirely on the PVOs because they have been constrained by Afghan behavioral norms. That is, the choice of female trainees has been limited to those families who allowed their women to attend a training course. To a large degree, initial reservations were overcome by holding the training courses in the homes of one of the women or a camp leader. This solution, however, contributed to the narrow geographic pool from which the women came.

Third, very few health training programs for women in Baluchistan existed prior to 1988 when the United Nations High Commissioner for Refugees (UNHCR) began to fund a program similar to the one in the North West Frontier Province (NWFP). The majority of the refugees in the Baluchistan refugee villages are from the southern provinces of Afghanistan, hence, the limited numbers of TBAs/FHWs in this Inventory from Helmand, Zabul, Ghazni, Kandahar, and Nimroz (fig. 1).

Fourth, there are few training programs for self-settled refugees, many of whom are unregistered. In Quetta, for example, the majority of the Hazaras from the central provinces of Afghanistan (the Hazarajat) and many of the Uzbeks from the northern provinces live in unofficial "camps" or particular neighborhoods on the city's periphery. Consequently, their women are unable to participate in training programs.

These geographic biases present a serious obstacle to reconstruction of the female health and education systems in Afghanistan. Plans for re-training, as well as initial training, programs must take this lack of geographic coverage into consideration.

Origin and Ethnicity

Of the primary ethnic affiliations provided by the Inventory for skills in Pakistan (1,554), 64.1 percent are Pashtuns (the largest and most powerful ethnic group in Afghanistan) and 29.1 per cent Tajiks, representing 93.2 per cent of the respondents (Tables III.6 & III.7). Pashtuns dominate not only the skill categories but also geographic areas. Note, for example, that Pashtuns and associated Tajiks from Kabul and the eastern provinces constitute the majority in the higher skill categories. And, from the spatial perspective, Pashtuns come from all over the country. For example, the Pashtun home area is in the south and southeastern provinces, but they represent slightly over 50 percent of the trained women from Kunduz province (the best represented northern area) Pushtuns in the north were relocated

at the end of the last and beginning of this century in an attempt to consolidate Pashtun governmental authority throughout Afghanistan. There has been some animosity, as well as social distance, between Pashtuns and more indigenous northerners (e. g., mountain Tajiks, Uzbeks) because the Pashtuns were given land and often held government offices in the areas to which they relocated.

While a statistical analysis will provide a more reliable assessment of the relationship between ethnic/sub-ethnic affiliation and female skill levels, the trends indicated by the Inventory data clearly show the predictable Pashtun and central-eastern Tajik dominance consistent with the patterns of geographic origin as well as the traditional balance of power in Afghanistan. Moreover, this Pashtun/eastern Tajik dominance prevails among the entire Afghan refugee community in Pakistan. But, because the number of Afghan refugees in Pakistan is very large, the actual numbers of other ethnic groups is significant. This situation is politically important because it disputes the so-called minorities' claim that they will have more power in Afghanistan than they had prior to the coup d'etat of 1978. It is also programmatically meaningful, especially in the health sector, because basic female health care is provided in the home by a member of one's own ethnic group. The selection process for new or expanded training programs, thus, should focus on including both neglected ethnic groups as well as underrepresented geographic areas.

Political Party Membership

Afghan politics in general, as well as specific political party involvement, may influence the effectiveness of female training programs in two primary ways. First, each of the resistance parties headquartered in Pakistan has its own position on the role of women in society, a position which, in some cases, strongly affects a woman's opportunity to participate in training programs. Second, the type of government that evolves in Afghanistan and the role the resistance parties play in it will determine to a great extent whether or not women will be able to work outside the home. All eventualities, e g., that women will be allowed to work outside the home, that some women will be allowed to work outside the home, or that women will not be allowed to work outside the home, should be considered in designing training programs.

The resistance parties represented by respondents in this Inventory include:

(1) Jebhe-ye Nedjat-e Melli-ye Afghanistan (Afghan National Liberation Front), led by Sighatullah Mujaddidi;

(2) Mahaz-e Milli-ye Islami (Islamic Revolutionary Front), led by Sayyid Ahmed Gailani;

(3) Harakat-e-Enqilab-e Islami (Movement for the Islamic Revolution), led by Mohammed Nabi Mohammedi;

(4) Hizb-e-Islami (Islamic Party), led by Gulbadin Hekmatyar;

(5) Hizb-e-Islami, led by Younis Khales;

(6) Jamiat-e-Islami (Islamic Society), led by Burhannudin Rabbani;

(7) Ittehad-e-Islami Barai Azad-ye Afghanistan (Islamic Unity for the Freedom of Afghanistan), led by Abdul Rasul Sayyaf;

(8) Ittehad-e-Mujahideen-e-Islami (Union of Islamic Mujahideen of Afghanistan), a Hazara party.

The first seven parties are nominal members of an Alliance which seeks to be recognized as an Afghan government in exile. Most observers, however, divide these parties into two loose confederations based on the kind of government and society each wishes to install in Afghanistan. The parties led by Gailani, Mujaddidi, and Nabi Mohammedi are considered "moderate" because they are religiously and politically temperate, nationalistic, and pro-western. In addition, each of these leaders enjoys a long tradition of popular support in certain areas of Afghanistan.

The other group consists of the parties led by Hekmatyar, Khales, Sayaf, and Rabbani. These leaders espouse a political and religious philosophy based on strict orthodox Islamic interpretations. They are referred to by some as "fundamentalists" but more accurately may be called revolutionary Islamists because of their associations with other groups in the Islamic world who are attempting to take Islam back to its original form or, at least, their interpretation of its original form. Since they are relatively new political figures, it is difficult to assess their long term influence. In the refugee community, however, their control is more evident than that of the moderates.

The impact of the parties' religio-political philosophies on the freedom of women to attend training courses and/or work outside the immediate family is somewhat unclear. On a

superficial level, it would seem that the revolutionary Islamics pose a greater obstacle than the moderate groups. And, indeed, leaders of the moderate groups have demonstrated on some occasions their support for female education and health programs. Both the Gailani and Mujaddidi parties, for example, run schools for girls. Nabi Mohammedi has sent letters of support to girls' schools and female health programs. In contrast, many incidents suggest that some of the Islamist parties oppose freedom for women. Khales has stated on the BBC that women should stay in the home. The Hekmatyar [illegible] however, probably generates the most anxiety [illegible] who wish to be educated and/or work outside [illegible] h language program for refugee women, for ex[illegible] ended termporarily after threats from members [illegible] up that they would burn it unless it was [illegible] boys' school.

So do Gulbuddin + Rabbani - as indicated below; why not here? biased? intentionally?

Many educ[illegible] owever, are very active members of the Hekmaty[illegible] es. The data collected in the Inventory show [illegible] high frequency of membership in these two parties, i. e., 40.1 percent in the Pakistan skill categories (Table III.8). These women explain that only the Islamist parties can guarantee women's rights because they are committed to the orthodox interpretation of the Koran which mandates education for all Islamic people. They also point out that both Hekmatyar and Rabbani clearly have stated that women must be educated to work for other women and that they have demonstrated their dedication to this issue by having female employees in their women's division offices and by operating schools and clinics for women. The distinction between the moderates and the Islamists seems to be that the Islamists will insist on women working in hejab, i. e., only with women/children and with their heads covered. The only serious objection to hejab made by the women interviewed in this Inventory is that the educational facilities will not be equal to those available to males.

The data also indicate that there are a large number of families who are not members of any resistance party, e. g., 41.3 percent in the Pakistan skill categories and 33.1 percent in the Afghan skill categories (Tables III.9 & III.10). In addition, membership in a resistance party, in many cases, is a merely nominal one. The GOP has encouraged Afghan refugees to join political parties as a sort of registration. Thus, many refugees join parties but are not involved in the party's activities. During research conducted by this writer in 1983-84, many refugees had to look at their membership cards in order to identify their party.

The data show, however, a fairly high incidence of party involvement among those women who belong to a resistance party. In fact, in the TBA/FHW categories, more women claimed to be involved in or to have family members involved in party

activities, particularly in the Hekmatyar and Rabbani groups, than claimed membership in these groups (Table III.11). The best explanation for this disparity is that, in most of these cases, "involvement" meant that a male member of the family is fighting in the jehad. Many mujahideen are attracted to a party because of the commanders in the field rather than by the leader in Peshawar. Thus, while they consider themselves involved, they do not owe allegiance to the Peshawar-based party leader. Moreover, the combined number of respondents with "no party membership" and "not involved in party activities" suggests that resistance parties may have less direct influence than the parties themselves claim.

In assessing the influence of the resistance parties on training programs and the potential for women working once back in Afghanistan, one also must consider the differences in the amount of mobility women will have in Afghanistan versus their mobility in Pakistan. As refugees in Pakistan, Afghan women's freedoms have been limited. Some of the restrictions have been self or family imposed in response to living the uncertain life of a refugee among people one does not know. Other restraints have been imposed by some of the resistance parties in an attempt to appear truly Islamic. For example, many urban women in Afghanistan dressed in western apparel and went about freely with heads uncovered. Once in Pakistan, however, they were instructed (sometimes quite rudely) to cover their heads and be otherwise circumspect in their behavior. More recently, there have been attempts to keep Afghan women from working for the foreign (especially western) relief agencies. The Afghans, both men and women, claim, however, that women will have more mobility once back in their own villages where everyone is known. This assumption is a reasonable one to work from since it was true in the past. Consequently, village based training programs which will continue in Afghanistan may attract more participants and may be able to be conducted outside the homes.

Education Levels and Linguistic Skills

Education levels are important in assessing the need for re-training as well as the kinds of programs possible. Note, for example, that 55 percent of the teachers in Pakistan have a twelfth grade education or less (Table III.12). In most cases, these women have not had any formal teacher training before coming to Pakistan and the training received in Pakistan has been short term (Table III.13). They are lacking in both pedagogy and content knowledge. Thus, teacher training programs should include both teaching methodology and subject knowledge acquisition.

A similar situation prevails in the nursing category where 63 percent of the women have no more than a twelfth grade education. And, in the TBA/FHW/Midwife categories only 8.4



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SKILL INVENTORY OF AFGHAN WOMEN REFUGEES IN THE NORTH WEST FRONTIER AND BALUCHISTAN PROVINCES



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percent had any formal education. This lack of education, combined with the minimal literacy rate of the FHW/TBA women (19.4 per cent), suggests that basic health training programs will have to continue using methods designed for non-literate persons. During the Inventory process, moreover, it was revealed that many of the women failed to understand the concepts presented. Non-literacy among Afghan women is very different from the non-literacy found in developed countries. Most of these women, for example, never would have left their villages had they not been forced to flee Afghanistan. Unlike non-literate persons in developed countries, they never would have had conversations with well-educated people nor would they have had access to television, films, and other forms of intellectual input that do not require reading ability. Their worldviews are extremely limited and, thus, it may be necessary to reassess the teaching methods for, as well as the difficulty levels of, the concepts being presented.

The breakdown of languages the FHWs and TBAs speak also demonstrates the lack of training coverage among non-Pashtu speakers. This situation is consistent with the geographic and ethnic origins of the women. It also suggests, however, that the geographic and ethnic imbalances existing in the sample may result from an inability to provide trainers proficient in the other Afghan languages. In order for programs to be expanded to include non-Pashtu speakers, more educated Afghan women must be involved in the programs.

Average Ages

Among the peoples of Afghanistan, status often is equated with age. That is, the older one becomes, the more status is accorded by virtue of the person's life experiences. This circumstance is particularly significant in the lower level skill categories (e. g., TBA, FHW, midwife) because the higher level skills have an intrinsic prestige value.

The average ages in the TBA/FHW/midwife categories reflect this age consciousness (Tables III.14 & III15). In order for a woman to be accepted as a basic health care worker, as well as to have the mobility to perform well as one, she should be middle-aged. There are, however, a large number of women who have been trained in these programs who are in their twenties as well as women who may be too old to function well as female health workers. Selection processes for additional training and re-training programs should concentrate on women between the ages of forty and sixty. That women in these age categories can greatly influence other women, as well as men, represents an added benefit of up-grading their skills. It is recommended, however, that the issue of optimal age be addressed during an evaluation process of the TBA/FHW trained women.

Training

The information collected on training background is intended to provide a guideline for the development of programs designed to upgrade skills. Teachers, FHWs, TBAs, midwives, and nurses are emphasized because the training levels in the other skill categories are adequate and because the numbers in other categories are too small to provide reliable indicators. The need for re-training is, at least, somewhat dependent upon the time training was received as well as the length of the training programs. Is it useful, for example, to provide re-training to persons who received their initial training in the very recent past? Or, does the length of the training programs indicate a need to provide follow-up.

Year Training Completed & Length of Training

Of the FHWs and TBAs who reported training times, 64 percent had received their training during the year 1988 (Table III.16). Approximately 50 percent of these women were engaged in a training program when the Inventory was conducted. And, as indicated above, all of the Baluchistan women trained in these categories received their training in 1988. The lengths of training programs for female basic health workers has varied over the years as well as between PVOs. In the last two years, the majority of the women (93 per cent) have attended the UNHCR-sponsored program lasting two months (Table III.17).

Only 13.2 percent of the midwives are women who practiced midwifery in Afghanistan but have received no formal training. The majority of those with formal training are products of PVO programs in Baluchistan. According to representatives of Action Internationale Contre le Faim (AICF), the midwives they interviewed had minimal knowledge of health care. Moreover, they often are difficult to train in proper methods because they are accustomed to traditional practices, many of which are harmful.

Assessment of teacher training is rather difficult because there is great variation in the kinds of training and places training was received. The data suggest: (1) that the majority of Afghan women with some formal training who are teaching in Pakistan received this training in Pakistan, (2) that 55 percent of the trained teachers underwent sessions of four months or less, and (3) that well over 50 per cent of the women teaching in Pakistan have received no formal training. However, nearly all of the girls' schools in Peshawar monitor teaching methodology during the school year and conduct annual teacher training seminars. No serious assessment of these programs has been made. But, the experience gained from these activities and the 44 percent in this Inventory sample who have had one year or more of formal teacher training may mean that there is a core group of

semi-skilled and skilled teachers who would profit from programs to upgrade their teaching skills and content knowledge as well as to prepare them to act as trainers themselves. Discussions with the headmistresses of the girls' schools in Peshawar support this contention.

Of the 182 nurses in the sample, 67 (37 percent) did not cite training dates. Approximately 50 percent of those not citing training dates also provided no training length information. Nearly 50 percent of the trained nurses indicated they had received nursing instruction in the last three years, the majority in Pakistan. There are, however, reasonable numbers of nurses who, judging by the lengths of training courses, should be adequately trained, e. g., 83 (46 percent) have at least one full year and 50 (28 percent) at least 1.5 years. The "should" is an important caveat because, as indicated by the nurses' locations in Pakistan, the majority live in the city of Peshawar, many do not work or do not plan to work, and most are unwilling to work in the refugee villages. Consequently, without actual work experience, their skill levels probably are not adequate suggesting that those women who do wish to work would profit from re-training programs.

Employment Background

Few of the women in the Skill Inventory had extensive employment backgrounds, undoubtedly reflecting the limited number of years Afghan women have been accepted in institutes of higher learning and the workforce (Table III.18). As one would expect, nursing and teaching represent the skill categories with the most experienced people. On the other hand, they also represent the categories in which approximately half of the women were students prior to coming to Pakistan. It should be noted that 12 percent of the nurses have had experience as nursing instructors.

In the lower level skill categories (TBA, FHW, midwife) none of the women had any outside work experience. In addition, 10 percent of the women in the TBA/FHW category admitted to not using the skills they learned. One can assume that the actual number not using skills is larger than 10 percent. Finally, of the 250 midwives interviewed 73 were not doing any midwifery in Pakistan and only 34 are involved in the TBA/FHW programs. This circumstance may reflect the difficulty of re-training women who use traditionally acceptable but medically-questionable practices.

Overall, the employment backgrounds of the women in this sample do not generate a great deal of optimism about the potential for high level training in the health and education sectors. Again, however, there is a solid base of reasonably well-trained women with work experience to warrant further consideration.

- What is meant by "working" —
- What is primary goal? Better health, etc? impact these Dr's networks of course need more train

Work Condition Preferences

The results of the opinion [illegible] what disappointing, as well as confu[illegible] of the skill categories (Table III.19). For example, only 37 percent of the TBA/FHW women indicated they expect to use their skills in Afghanistan but almost 60 percent would like to have additional training. In general, there appears to be considerable ambivalence among these women toward working. That a large proportion of the TBAs and FHWs do not intend to use their skills in Afghanistan, however, is not surprising since many of them took the course as the only social outlet available in the camps. The lack of interest in working may also reflect a recognition that there are too many of them from the same places. But the actual numbers who indicate they wish to work in Afghanistan, would like more training, have family permission for more training and working, and are willing to work in the whole village are sufficiently large to assure a pool for selection of women for skill upgrading.

The responses of the women with nursing skills are similar to those of the TBAs/FHWs. Observations made by the interviewers, many of whom are involved in female health training programs, indicate that nursing programs have been popular with the urban-settled refugee women because they provide an acceptable reason for getting out of the house and meeting with other women. A survey taken by the IRC, as well as comments made to this writer at several nurse training centers, also indicate that many of these women have no intention of pursuing a career in nursing (a low status job in Afghanistan) but, rather, viewed the courses as a form of education acceptable to the larger Afghan community.

The number of doctors and dentists who stated they want to work in Afghanistan is disappointing (42 percent). Their response to the Inventory, however, may be misleading. Many of these women participated in the selected interviews (see below). Their responses imply a reluctance to state they will work in Afghanistan until they see the kind of government that evolves because, for many of the highly skilled women, working in hejab is unacceptable.

The teaching category shows a relatively high incidence of intent to work in Afghanistan. Somewhat unexpected is the small percentage of teachers who stated they can work in a Pakistani city and the large proportiion who indicated they wish to work only with their extended families in Afghanistan. One possible explanation for these attitudes is the large number of teachers who work in the schools supported by the Islamist parties and who have been trained to espouse the virtues of hejab. This contention is supported by the very large number of teachers who indicated they wished to work only with women and children.

Table IV.1: Conditions for Return to Afghanistan (in %)	Baluchistan	NWFP
Would return today:	0.0	0.0
Wait until mines removed:	88.0	44.0
Wait until leader gives permission:	16.0	20.0
Wait to see who will run govt:	64.0	46.0
Not sure will return:	10.0	16.0

Table IV.2: Preferred Place to Return in Afghanistan (in %)	Baluchistan	NWFP
To former town/village:	80.5	61.0
Will go wherever needed:	14.0	22.0
Prefer Kabul to former residence:	5.5	2.0
Prefer place other than Kabul:	0.0	0.0

Note: The percentages in all the tables may not total 100 % in all cases because more than one choice could be marked in several categories and some respondents did not answer all the questions.

Table IV.3: Government and Society (in %)

	Baluchistan	NWFP
Different kind of government:	70.0	52.0
More Islamic government:	62.0	42.0
More like western countries:	52.0	40.0
More open to outside world:	86.0	54.0
Less open to outside world:	0.0	0.0
More opportunities for women:	86.0	60.0
More educational opportunities for boys:	12.0	54.0
More educational opportunities for girls:	20.0	54.0
Equal educational opportunities:	60.0	2.0
A government like Iran:	0.0	0.0

Table IV.4: Preferred Status of Women (in %)

	Baluchistan	NWFP
Stay at home:	2.0	4.0
Educated to 8th grade:	0.0	0.0
Educated to 12th grade:	6.0	10.0
Educated in training schools:	16.0	28.0
As much education as able:	92.0	64.0
Education only in home economics:	0.0	0.0
Education in any desired subject:	82.0	64.0
Work only with women/children:	16.0	10.0
Work in any job:	72.0	52.0
Be involved in govt at all levels:	72.0	58.0

Another explanation is that some of the women chose all possible places they might work. None the less, the number of teachers (75) who stated they are willing to work in a school or another village/town is quite small. The data suggest, therefore, that some means to upgrade the skills of those teachers who are willing to work, especially in villages, be found or that the better teachers be instructed in teacher training so that they may train village teachers in Afghanistan.

Conclusions

Several general trends are suggested by the above discussion of the data. (1) The available skills among the female Afghan refugee population in Pakistan are dominated by female/child basic health workers (e. g., TBA, FHW, midwife), teachers, and nurses. (2) The women with high level skills (e. g., doctors, dentists, well-trained teachers) tend to live in the cities of Peshawar and Quetta and to have come from cities in Afghanistan. (3) Geographic origins indicate a preponderance of women in the TBA/FHW categories from a very limited number of provinces and ethno-linguistic groups. (4) Overall, there is a high incidence of no association with a resistance party but the majority of those who belong are active members. Moreover, the most active and, thus, presumably the most likely to be influenced, are the TBA/FHW/midwife women who belong to the Rabbani and Hekmatyar parties. (5) A large percentage of the teachers and nurses have inadequate training and/or work experience. In addition, there is sufficient evidence to suggest that many of the women trained as TBAs/FHWs have had problems in comprehension and the midwives, most of whom are untrained, have little knowledge of proper health practices. (6) The number of women in most skill categories wanting to work in Afghanistan and receive additional training provides an adequate size group from which to choose women for re-training. However, some of the attitudes toward the kind of work the women want to do, especially in the nurse category, suggest limited potential.

IV: ANALYSIS OF SELECTED INTERVIEWS

The interviews conducted with the select women in Baluchistan and NWFP yielded information and opinions on the following topics: (1) the conditions under which the women would return to Afghanistan (Table IV:1), (2) the places to which they will return (Table IV.2), (3) the kind of government and society the women hope will develop in Afghanistan (Table IV.3), (4) the employment and educational situation the women prefer (Table IV.4), (5) opinions on the most critical problems people will encounter on their return, (6) the role women should play in reconstruction, (7) the kinds of training programs the women feel they need to assist in reconstruction, and (8) the most

advantageous places to hold these training courses.

Conditions for Return

The two primary concerns of the women regarding the conditions under which they will return to Afghanistan were type of government (i. e., its attitude toward women) to which they would return and the removal of unexploded mines. The priority most frequently expressed by the Baluchistan respondents is a government run by and for the people. The NWFP women were somewhat more specific about their requirements. Several women, for example, stated that they would wait to see if the new government assured the equality of women. They defined equality as the right of women to be educated and to work outside the home.

Although the percentage of women who admitted they are considering not returning is relatively small, many of the reservations expressed by "waiting to see who will run the government" suggest a larger proportion into the "may not return" category. Nearly all of the respondents who admitted they may not return gave reasons related to their status as women. These include: "I am a widow and all alone and I am afraid of both the Russians and the tanzim people [Afghan resistance parties]", "I won't go back if it is a Hekmatyar government", "I won't go back if there is an Iran-like government", "I won't live under a government run by the mujahedeen and their might makes right approach", "I won't go back if women cannot be educated and work outside the home".

Only eight of the Baluchistan women and ten of the NWFP women indicated they would wait until they were given permission by their tanzim leaders. Over 70 percent of these belonged to the Jamiat-i-Islami of Professor B. Rabbani, the resistance party leader who, along with his major commanders, has been the most outspoken in defense of women's rights and their potential involvement in the reconstruction of Afghanistan. The others who indicated they would wait did so because they felt their leaders knew more about security conditions in Afghanistan and could give the best advice about when it was safe to return.

Preferred Place to Return in Afghanistan

A return to the former place of residence was indicated by the largest percentage of respondents. For the Baluchistan women, Kabul and Kandahar accounted for 55 percent and 25.5 percent respectively. In NWFP, Kabul accounted for 53 per cent, with 8 percent evenly divided between Kunduz, Kunar, Kandahar, and Wardak provinces. The largest number who indicated they would be willing to go wherever they were needed were women who had been well or fairly well trained in a medical profession. Their reasons for volunteering to work away from their homes were

alike and they were similarly adamant about organizing educated women to supervise outreach programs to educate rural women. As one women stated, "I never realized how bad the situation for rural women was until I walked out through the countryside and then worked with women in the refugee villages. It now will be up to the educated women to do something for their rural sisters. Those of us who have medical training are particularly responsible to help them learn to take care of themselves and their children." Or, as a French-trained nurse commented, "I was happy living in the capital. I had money and everything else I needed. The countryside to me was where we went for picnics. Now I know the reality - babies who die from the heat because the mother thinks a baby must not be given water before 9 months of age."

The only specific changes in residence were indicated by three women from places other than Kabul who wished to finish their education in Kabul and one female doctor who is in the process of opening a hospital in the Hazarajat. The former three women plan to return to their home provinces after completion of school.

Government and Society

As it was assumed that all of the respondents desired a different kind of government and society than that which exists in Afghanistan today, the questions in this category pertained to differences from the pre-coup government of President Mohammed Daoud. This approach was taken because the prevalent attitude among most of the refugees is that the Daoud government was responsible for the success of the Communist parties in the coup d'etat of April, 1978. Of those respondents who stated that they wanted a different kind of government, 40 percent and 35 percent in Baluchistan and NWFP respectively wanted a government like that of Daoud's predecessor King Zahir Shah, the person being considered by several of the resistance parties as most likely to head a new interim government. Other preferences included a government that would be more democratic, one elected by the people, and a government that would work toward getting women into the mainstream of society.

As one would expect, given the more religiously conservative atmosphere of Kandahar, more of the women in Baluchistan responded positively to the "do you want a more Islamic government" query than did those in the NWFP. Each of the women who stated she wanted a more Islamic government also was asked what a more Islamic government meant. Few of the women were able to provide a very precise definition. Most of the explanations included comments about freedom and equal rights for all, the need to educate both men and women, the need to have women in all sectors of society, and so on. When it was suggested to them that there are societies in the world where these conditions

prevail but they are not Islamic, many women responded "yes, we want it to be like that - but Islamic." Their major argument in favor of a more Islamic government is (as they see it) the equality of men and women intrinsic to Islam, referred to by one woman as "not the darkness of the Islamic world but the brightness which the Islamic world should be." They defend their position, and plan to use the argument when/if they return, by pointing out that the Prophet Mohammed said and the Koran states that all Islamic people, including women, must be educated and work to better their people.

Responses to the questions "should Afghanistan be more open to the outside world" and "should Afghanistan be more like western countries" are somewhat surprising in that the Baluchistan respondents appear more favorable. More of the women from Baluchistan than from NWFP, however, indicated that they wished the similarities to extend only to industrial/commercial development and educational systems but not to the personal freedoms for women they felt were too extensive, especially in the western world.

The response to the question "should Afghanistan be more like Iran" provoked a unanimous and usually emphatic "no". It also often precipitated a great deal of laughter but no disconcertion even in the presence of male family members. The most vigorously negative responses came from women who had lived in Iran prior to coming to Pakistan. Reasons for this opposition included "it is just too strict in Iran", "it is terrible for women there", "the mullahs are just using the religion to get power for themselves", "they are not truly Islamic", "they are making people all over the world hate Islam", and "Iran and Afghanistan are completely different - the people of Afghanistan would never accept such a government."

Although both high proportions, the difference between the number of women in Baluchistan versus NWFP who responded positively to more education and occupational opportunities for women is somewhat surprising, i. e., the insistence of the Baluchistan women was stronger. There are several possible explanations. First, of all the women in Afghanistan, Kabuli women, especially those in the middle and upper classes, had the greatest chance of being educated and working outside the home. Consequently, they may be less aware of the need for expanded opportunity than women from the more reactionary Kandahar area. Second, quite a few of the Kabuli women living in Peshawar belong to relatively well-off families and have less need to work. Many of the observations made by these women suggest that they are interested in women's rights as an ideal but are less anxious to practice its freedoms by engaging in competitive employment than are the Kandahari women. Third, those Kandahari women who managed to be educated, especially on the tertiary level, did so under a duress that has given them great strength and a

determination to raise the status of other women, whether (one suspects) they want it raised or not.

This explanation applies at least partially to the different responses to the educational opportunities for boys and girls queries. The percentage of women in the NWFP sample who responded positively in both categories (boys and girls) is equal. Fewer NWFP women, however, indicated they feel that girls should have equal opportunities with the boys. The Baluchistan respondents argued (somewhat incorrectly) that boys already had sufficient educational opportunities. The NWFP women took a longer range view of the education situation. They stated that education was needed for all because it would make the men more open-minded and, thus, more helpful in getting women their rights.

Status of Women

Only three of the women in the sample believed that women should stay at home and take care of the men and children at least when the children were young. It should be remembered, however, that nearly 70 % of the respondents were from urban areas and about 50 % of them had received education beyond the tenth grade. On the other hand, the three women who agreed with this position were well-educated. And, the respondents who had received no formal education were among the most vociferous in their defense of women working outside the home. They implied that their opinions had changed as a result of the war and the experience of being a refugee which had demonstrated to them the contributions women can make. Moreover, they recognized that many women would have to work because they had become widows or wives of handicapped men unable to work.

In response to the specific questions regarding education, the majority of the women in Baluchistan and a large percentage of the NWFP women believed that women who are intellectually qualified should attend university and study in any area they choose. Failing competence, women at least should complete high school and/or a training course of some kind. Once again, the Baluchistan respondents were the most vehement on this issue, insisting that reconstruction of Afghanistan would require their involvement and that if development was to be properly Islamic they would be needed to assist other women.

The number of respondents indicating that women should be allowed to work in all occupational sectors remains high. There were, however, more conditions applied to the circumstances under which work should be done than there were in the area of education. Quite a few of the women stated that they should be permitted to do any kind of work but that the work should be done in hejab. One woman pointed out that although she personally had no objection to working with men, working in hejab was a "good

first start." Others indicated that some kinds of work would be too "difficult" for women, e. g., jobs that required overnight stays away from home and children. Another respondent suggested that it "would not be good to go too quickly because it will be hard on our husbands politically and will cause things to fall apart again."

The issue of women's involvement in government provoked a high positive response rate as well as some very interesting comments. Several respondents, for example, opined that women are stronger and have better minds than do men and, thus, they must work with men in the government so that it will be a success this time. Several others stated that if more women had been involved in government on high levels they could have kept the Soviets out of Afghanistan. One uneducated elderly widow from Kandahar said she would be happy with a female president. Another woman cautioned, however, that care must be taken to prevent the political parties from putting token women into the government whose role will be to convince others that women should stay at home.

In contrast, several respondents feel that women should not be involved in government either because they believe all governments are corrupt or because they do not feel Afghan women are sufficiently educated. One female doctor, for example, stated that "there is something incongruous about a woman being able to vote who would let her child die from heat or dysentary." Of course, this assessment somewhat begs the question since the males who vote also are responsible for the unnecessarily high child mortality rates.

Several observations can be made about the responses to the status of women issues. First, the women clearly feel that their direct involvement in all areas of the reconstruction of Afghanistan is crucial but that they must be more educated to be effective. As one woman stated, "we will not go backwards, we will fight if necessary because we have had ten years experience and have seen what we can do."

Second, although adamant about the need for female involvement in reconstruction and after, a large percentage of the women are willing to work in hejab, at least in the beginning. The extent to which these respondents had considered these issues and had devised rationales to convince their husbands was impressive.

Third, some fairly distinct differences exist between the attitudes of women from Baluchistan and those in the NWFP, i. e., the Baluchistan women appeared much stronger in their dedication to women's rights and equality. As suggested above, this commitment probably derives from the greater effort women from the conservative south put into getting an education and using

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their skills.

Fourth, the responses by the educated women clearly demonstrate a new attitude toward their rural sisters which has the potential to affect training and work programs in the rural areas. Few of the urban women, for example, displayed any of the disdain for rural women which had been evident before the coup. Several respondents expounded at length on this subject. They said that they had had little exposure to rural women in the past because they considered them willfully ignorant and had not understood the poor conditions under which they lived. The experience of being a refugee and, for many of the respondents, working with rural women has forced them to appreciate these conditions as well as their responsibility to help their rural sisters. How many educated urban women actually feel this way and how much effort and inconvenience they will be willing to accept remains to be seen. This issue, along with the attitude of the new government, will be most crucial to women's involvement in reconstruction and, thus, to reconstruction in general.

Fundamental Needs

The final discussion category focused on the most critical needs of women during repatriation and reconstruction, the roles the women can play in meeting these needs, and the kinds of training or re-training required to prepare women to meet their own needs. Many of the women interviewed are involved in assistance or training programs for female refugees. Moreover, many of them have spent considerable time discussing these issues with other female refugees. Their opinions, therefore, are important to program development not only because they are well-considered but also because they may obviate somewhat the tendency of outsiders to impose their own standards.

Most Acute Problems for Women

The type of response evoked by this topic varied considerably. Some of the respondents interpreted it in strictly female terms while others considered the problems all people will face once back in Afghanistan. Some respondents cited very specific problems; others were more general. These diverse kinds of reactions, however, do not appear to be related to the background characteristics of the respondents. For example, uneducated non-working women, as well as educated working women, expressed fears about the future government and its impact on the equality of women. Moreover, the reactions of the women in Baluchistan were similar to those given by the women in the NWFP.

The most acute problems cited fit into four categories with many women responding in several categories: (1) women's rights, (2) education, (3) female health, and (4) the problems of widows

and orphans. Several women cautioned, in addition, that a truly useful needs assessment would not be possible until after a substantial number of people are back in Afghanistan. This caveat undoubtedly has some merit. The fact that the respondents in this study demonstrated considerable unanimity in assessing potential problems and that they had little difficulty in formulating their thoughts on the subject suggests, however, that most critical needs can be assessed now.

The possibility that the new government will be a very conservative one is considered by a large percentage of the respondents to be the most crucial problem they will face. As one woman explained "our most serious problem will be overcoming the narrow-mindedness of men who want to keep the women at home and will use the Russian invasion as their justification." The most frequently cited strategy to overcome this problem is to initiate intensive training and education programs prior to repatriation. These programs would serve several related purposes. First, a core group of women could be prepared to serve as trainers in Afghanistan. Second, these women could serve as examples of the usefulness of training. Third, these women could demonstrate that they are trained and work outside the home but continue to behave in an Islamically acceptable manner. Fourth, these women could be used as outreach workers to convince men of the need and appropriateness of training and education programs for women.

Some variation on the theme of education constitutes the second most cited problem area, i. e., nearly 70 percent. The basic logic that reconstruction will be successful in the long term only if people are educated. Afghanistan has not proven itself capable of building a good education system. During the reconstruction period, many governments and private agencies will offer assistance in various kinds of development programs. They must be made to realize that the foundation of all these programs is a good system of education. The majority of the respondents concluded that the two most critical needs in the education sector are teacher training and expansion of female education.

Health care represents the third area of concern. Health care in Afghanistan was very poor prior to the coup. There is sufficient evidence to indicate that it has disintegrated further during the ten years of war. The rigours of the return as well as possible landmine explosions and inter-group conflicts will produce an increased need for health care. Moreover, the Afghan refugees have become accustomed to the higher standard of health care provided by the refugee agencies in Pakistan and elsewhere. Many of the respondents suggested that it would be wise to take advantage of this situation in order that people (especially women) become more and more accustomed to seeking health assistance when needed.

The final problem area mentioned by a large percentage of the respondents is the future of widows, women with handicapped husbands, and orphans (i. e., in Afghan society, children who have lost both parents or the father). The traditional social welfare system which existed in Afghanistan has broken down during the war and refugee experience. Customarily, a widow or orphan was absorbed into the husband's family, sometimes marrying a brother of the husband. Occasionally, a widow who had been married only for a brief time and/or had had no children returned to her own family. With the large number of men who have died or been handicapped, these solutions have been much less effective among the refugees in Pakistan and, one may assume, a similar situation obtains inside Afghanistan. Many families consist only of women and children; others of women, children, and old or handicapped males. Moreover, in some of the refugee villages, women have been separated intentionally from families. There are some indications that these women may suffer from discriminatory treatment while and when they return to their homeland.

The respondents, a few of whom are widows themselves, indicated that they believe widows, orphans, and families with handicapped males will have difficulty in repatriating, in rebuilding their homes, and in providing for themselves after repatriation. Consequently, they will require various kinds of assistance specific to their needs. Recommendations include: (1) a registration process to identify widows among the refugees, (2) assistance in returning to their homes, (3) assistance in rebuilding their homes, and (4) training programs to prepare women to earn money or kind to support their families.

The Role of Women in Reconstruction

The suggested roles women can play during the reconstruction period correspond with responses relating to the greatest problems to be faced. Nearly all of the respondents stated that educated women must bear the burden to teach their uneducated sisters about the need for education and health care. Several women suggested that task forces of trained women be sent inside Afghanistan prior to the return of the majority of the refugees in order to set up schools, BHUs, and food distribution centers. Other respondents recommended that groups of educated/trained women be organized to supervise health, education, and widow/orphan programs in the villages in much the same way the Lady Health Visitors (LHVs) work in the refugee villages. Centers could be set up in the provincial capitals. The supervisors would go out to villages and within cities during the day and return to the centers in the evening.

The observations of the respondents give the overall impression that they feel Afghan women have not been involved sufficiently in the training and assistance programs for the refugees. They divide the responsibility for this failure

between the women themselves for not wanting to work in the refugee villages and the agencies for not encouraging them more. The latter charge may not be a fair one in the health sector where agencies have worked very hard to get Afghan women involved. There are, however, many Afghan women with teaching experience and a desire to teach who are jobless because of the minimal number of girls' schools and the relatively large number of Pakistani women who have been hired as teachers in the existing refugee girls' school. None the less, there has been great reluctance on the part of Afghan women toward work in the camps, especially when the job requires overnight stays. Both the respondents in this study, as well as many other Afghan women with whom this subject was discussed, contended that women will have more mobility once back in Afghanistan unless a very conservative government takes power. Several of the more outspoken respondents, however, admitted that convincing educated urban women to work in rural areas will be very difficult. They added, however, that the responsibility for creating the necessary infrastructure for trained women to assist others must come ultimately from the government of Afghanistan.

Training Needs

The following recommendations for training and re-training programs were made by the respondents (in order of frequency cited): (1) some form of health training, (2) teacher training in general education and medical areas, (3) income generation, especially for widows and wives of handicapped men, (4) adult literacy (5) English language courses, (6) Islamic education courses, (7) job finding skills, and (8) typing classes. The respondents placed most emphasis on the first four categories with some form of medical training accounting for 52 percent of the most needed training area votes.

From their experiences as refugees in Pakistan, the women concluded that some form of female/child health care training would be the most beneficial medical training program in the long term. This contention was strongly made by several of the female doctors and nurses who also observed that, in order to have the desired impact, the training must be very basic and frequently followed-up with short refresher courses. Its contents should be limited to Oral Rehydradtion Therapy (ORT), basic cleanliness, proper treatment of water and food, and recognition of symptoms requiring professional assistance. Re-training in these areas should be coordinated in Pakistan in order to assess the extent of geographic coverage of trained women for Afghanistan. A re-training selection process might include evaluation of women already trained as Traditional Birth Attendants (TBAs) and Female Health Workers (FHWs) and courses to up-grade the skills of those women who demonstrate the most competence and most potential mobility.

In the education sector, more women need to be educated to act as teacher trainers. As with health training, the respondents suggested that women who have demonstrated their proficiency as teachers be selected to participate in teacher trainer and master trainer seminars. They made the added point that the preparation of teachers and teacher trainers should be done in the languages the women actually will use for teaching. In addition, the teacher training process should include ways for teachers (and mothers) to help their children put the refugee and war experience into its proper perspective because the experiences themselves, as well as a great deal of what the children have been learning in refugee schools has a negative impact on child development.

Income generation training courses and programs were suggested by the respondents as the best way to assist women without or with handicapped husbands. For urban women, these courses might focus on office skills, factory work, basic literacy, tailoring, and light construction work. Several respondents also thought that courses should be developed to train women in the art of job seeking. In the rural areas, training in agriculture (e. g., poultry raising, sheep raising, kitchen gardens, small-scale forestry), weaving, embroidery, sewing, production of sheep skin items, and pottery making were suggested.

Although only a few of the women indicated a need for Islamic schools for women, the reasons given by those who did merit consideration. They appeared to be less interested in the content of such courses than in the sort of desensitization process they might achieve both for the women and their men. They reasoned that even the most conservative men would be obliged to allow women to attend Islamic courses. Once the men observed that no harm resulted and the women enjoyed the experience, the teachers could begin to expand the focus of the course. At first, this expansion would include basic health and hygiene, subjects compatible with the Koran. Later, literacy beyond the rote learning of Koranic texts could be introduced.

Optimal Program Placement

The majority of the respondents thought that training programs would be most effective in the Pakistan refugee villages and, later, in the villages in Afghanistan. They provided several reasons for having reached this conclusion. First, there is more ignorance in the camps/villages than among the self-settled urban refugees in Pakistan and city-dwellers in Afghanistan. Second, there is more economic need in the camps/villages. Third, the majority of camp women are unable to leave their compounds to attend training courses outside the camp.

The experience of the PVOs in the camps supports the latter contention. Most of the TBA/FHW training has had to be conducted either in the womens' homes or in the homes of camp leaders. The first two arguments, however, are somewhat debatable since there undoubtedly are many uneducated and needy people in towns. In fact, previous research by this writer indicated a large proportion of uneducated needy people among the self-settled refugee population in Peshawar and Quetta. One respondent also made this point and warned against ignoring uneducated urban women whose families may be easier to convince of the need for training because they have lived "in a mixed environment."

Respondents in favor of training programs in the cities tended to be those interested in higher level training (e. g., teacher trainers) or less aware of the rural situation. One women seemed to be surprised that it would occur to the agencies to try to train rural women. Others thought it would be easier to have urban-based programs because the people in the camps/villages are "so narrow minded and suspicious." A more reflective woman suggested that urban-based training be emphasized for the near future because it would be necessary to have a cadre of well-trained women ready to train others. Given the dearth of teacher trainers, this suggestion merits serious consideration.

Who Should Train

The majority of the respondents feel that Afghan women with previous training should be selected for re-training both in their own fields (health, education, income generation) and in management and supervisory skills. Their only opposition to foreign women as trainers is their lack of knowledge of the customs and behaviors of the Afghan women. Moreover, they pointed out that uneducated Afghan women are more comfortable with other Afghans and that a truly uneducated woman has great difficulty comprehending lessons that are translated. This is an important observation because discussions during the Inventory process held with uneducated women who had participated in basic health courses revealed an acute lack of comprehension. Many of the women questioned on this topic said that the translations either were not very good or that they could not understand some of the words used and were uncomfortable asking a foreign woman to explain the meanings.

Approximately 20 percent of the respondents, however, indicated that some involvement by a foreign female would be useful. The ideal situation would be Afghan female trainers supervised by a foreign woman with considerable expertise and knowledge of Afghan ways. The rationale is that foreigners have more supervisory skills, often have more prestige than Afghan women, and can do things Afghan woman cannot do without incurring criticism.

Convincing the Men

Approximately 10 percent of the respondents either had no opinion on this issue (usually those whose own men have no objections to their working) or were very negative about the potential for overcoming male resistance. One woman, for example, stated "some men are stone-hearted and simply disagree about everything. If you say `this is a green book' they will say `no this is a black book'." Other respondents pointed out that it will take time and patience because many people believe that the Soviet interference was brought on by too much education. Still others pointed out that even willing men have problems when their wives attend school or work outside the home. The husband of one of the respondents, for example, had been "arrested" recently by a resistance party because he allowed his wife to work.

Some of the women, in contrast, felt that male resistance was overstated. One woman suggested that we need to investigate individual male attitudes and, then, address only the issues they raise. She believes that there exists a certain amount of folklore about male resistance to women being educated and working and that these beliefs have been accepted by the foreign community. "If you just assume that most Afghan men have a negative attitude," she stated, "you will get into areas they may not be concerned about at all. But, once you raise these issues, they will begin to be concerned about them."

Several more specific "plans of attack" were proposed by the respondents. They include: (1) educating men and boys so that they will be more open-minded, (2) using political leaders to convince men of the need for women to be involved in reconstruction, (3) emphasizing the economic need people will face during reconstruction, (4) persuasion through good examples to demonstrate the usefulness of women's education and employment, and (5) development of mullah networks who support women's education.

In the opinion of the respondents, the long term solution to the lack of male support can be achieved only through education. As long as people remain ignorant they will be bound by the traditional belief that women should be kept out of the (male) world. A shorter term solution might involve a campaign by educated males who can educate others about the obligations of the "complete Muslim female." Several women suggested that their willingness to work in hejab be emphasized. Others recommended putting up posters and pictures showing women working in hejab and having radio programs discussing the issue in simple terms. This campaign ideally should be initiated in the refugee villages and carried over into Afghanistan.

The women indicated that the success of any program to

convince men that women should be educated and allowed to work outside the home will depend upon the kind of government installed in Afghanistan. The support of political leaders would be an effective way to overcome male resistance. If the government is a very conservative one, the prospects are quite dim. If the government is one that supports equal rights for men and women, it will be able to establish programs to educate men in the need for female involvement in reconstruction. This opinion is reflected in the large number of women, of all ethnic groups and geographic origins, who favor the Jamiat-i-Islami party. In the past, Jamiat attracted mainly Tajiks from the northeastern provinces. Its recent appeal for educated people appears to result from its emphasis on education projects for both males and females, espoused primarily by Commander Massud in the Panjshir.

Many of the respondents believe there will be less resistance to women working because of the economic need most people will experience after returning to Afghanistan. Need, of course, will vary but those with the greatest need are also those who are most conservative about the role of women in society. Any program to change male attitudes should include this issue as one of its rationales. Several women suggested that paying females during the trainee period would be a good incentive. This approach has been used by a few of the medical training projects for refugee women in Pakistan with some apparent success. Moreover, many of the women who participated in the inventory process who had received basic mother/child health training (TBAs, FHWs) indicated that they would be interested in additional training only if they were paid during the training period as well as for the work they do after.

A large percentage of the respondents expressed the belief that they could help convince men to allow their women to participate in training programs by setting a good example and organizing outreach groups to demonstrate the ways women can be helpful while remaining properly Islamic in their behavior. Illustrations from other, more modern, Islamic countries could be used as well. This kind of outreach program should include the best of the female educators and medical personnel who first could be prepared by a course in the art of persuasion. They could begin by visiting village leaders in areas identified as less intransigent to change, e. g., the less-tribally organized areas in Ningrahar, Kabul, Logar. Once support had been gained from the males in these areas, both women and supportive men could expand their program into the more-tribally organized areas, e. g., Paktya, Kandahar, Zabul.

One woman, who opened and has managed to keep open a girls' school that has met with much resistance from political parties, contributed her approach, i. e., using the old Afghan tradition of paying networks of mullahs to convince the men. She said she

got the idea from former King Zaher Shah's use of mullah networks when he wanted women to shed their burkas. The negative reaction to Zaher Shah's program, however, questions the efficacy of this approach. In addition, this kind of program would have to be one managed by the women themselves or the government of Afghanistan rather than by international governmental or private voluntary organizations.

A few individual responses to this issue are worthy of comment if only to demonstrate the strength of these womens' commitment. One elderly widow, for example, stated that if the men won't support us we should "beat them up because that is what they always have done to us." Another woman said she thought men who resisted should be killed. Several respondents indicated that if the men refused to allow them to be educated and to work outside the home, they would have another revolution on their hands. "We have come too far. We have seen what we can do in the last ten years. We have worked in the camps and cities and even alongside the mujahedeen. We will fight for our rights if necessary and, if we do, they [the men] will think the Russians were nice people."

Conclusions

In terms of overall needs of women refugees returning to Afghanistan, the majority of the respondents agreed that teacher training, basic mother/child health care, and some kind of program to repatriate and provide income generation for widows and wives of seriously handicapped men were priorities. Moreover, because of the uncertainties about the kind of government Afghanistan will have and its attitude toward women, it was suggested that these programs be conceived as soon as possible in order that implementation might begin in Pakistan. By doing so, a corp group of trainers and supervisors would be prepared to oversee programs in Afghanistan as well as develop plans to overcome resistance from those males who oppose female education and employment. In addition, evaluation procedures to select those women who have profited most from basic health training in Pakistan should be developed and the chosen women given re-training to enable them to coordinate efforts with other women in the villages to which they return and female supervisors in provincial centers.

Beyond the recommendations made regarding most critical training needs, two pre-conditions for effective training programs deserve reiteration and comment. First, Afghan women must become more involved in the training, income generation, and social welfare programs for women that develop on both sides of the border. As many of the respondents observed, the only way to guarantee that women are assisted is to let women make the decisions. It has been easy to accept the popular explanation

for their lack of involvement (especially on the high skill levels) while refugees, i. e., there were only a few skilled Afghan women and most of them did not want to or were not allowed to work in the camps. This explanation, however, is an equivocal one. The Inventory demonstrates, for example, that there are skilled Afghan women who are willing to work but who have been unable to find jobs.

This situation is especially prevalent in the teaching field. The explanation for the much smaller number of Afghan female teachers than Pakistani female teachers is that there are no girls schools in Baluchistan and the Pakistani women who applied to teach in NWFP are better qualified. Yet, there is no real evidence to support the contention that the Pakistani women, in fact, are better qualified. Moreover, one may assume that differences in education styles and language (Pakistani Pakhtu is quite different from Afghan Pashtu and many of the refugees speak neither variant) between Pakistan and Afghanistan would override the alleged better training of the Pakistani women. In addition, there is some evidence to suggest that skilled Afghan women have been overlooked. One Afghan headmistress, for example, stated that her sister (a well-qualified, experienced teacher) had been refused a position in a camp school.

The second part of the explanation, reluctance to work in the field, requires reevaluation as well because it may be much less important within the Afghanistan context. The basic issue is whether or not women will have more or less mobility once they return to their homes. It is fairly safe to assume that the basic health workers (e. g., TBAs, FHWs) will have more mobility. In the refugee villages, they risked encountering strange Pakistani and Afghan males. Back in their home villages, no one is a stranger and they should be able to move about as they did prior to the coup. In addition, there is at least a good possibiity that the political parties will cease to hold the same power over people as they have enjoyed in Pakistan. The responses of the selected women indicate both a determination on the part of educated urban women to assist rural women as well as an awareness of the ways they can increase their mobility. Consequently, a program focusing on raising the consciousness level of all the Afghan women refugees, possibly designed and implemented by trained women who have demonstrated both the desire and freedom to be involved, represents a worthwhile pre-training effort.

Second, in order to increase the potential for greater female mobility, some kind of desensitization process directed toward the men should be initiated. During the Inventory process, quite a few supportive men were encountered, including high level resistance party officials. These men have begun to realize that the support of women will be important because of the large number of men who have died, been seriously maimed, or

I: INTRODUCTION

During the ten years that refugees from Afghanistan have fled to Pakistan, very little information about the human resources available in the female community has been collected. The increased potential for repatriation of these refugees generated by the April 13 signing of the Geneva Accords has accentuated this deficiency and its implications for the development of effective programs for women and children during the repatriation and reconstruction periods. To help fill this gap, UNICEF-Islamabad initiated an inventory process designed to gather data from a representative sample of female Afghan refugees with training in the health and education sectors. These data will be used in the design and implementation of programs intended to upgrade and strengthen existing skills in these critical sectors.

The specific objectives of the Inventory are: (1) to produce a data base of a large sample of Afghan women who have received training on all levels of health and education, (2) to evaluate both qualitatively and quantitatively the role these women and others like them may play in the reconstruction of Afghanistan, (3) to assess the need for and most useful types of re-training programs, (4) to identify the agencies most willing and best suited to undertake implementation of re-training programs for women, and (5) to make recommendations on the kinds of programs UNICEF should fund to assist in the rebuilding of a health and education infrastructure in Afghanistan. These recommendations are based on the most critical needs as demonstrated by existing skill levels and opinions of the persons interviewed, evaluations of the impact made by programs in process in Pakistan, and the willingness and ability of the private voluntary agencies (PVOs) to implement training programs, the willingness of the women to participate in re-training programs and to utilize the skills gained from re-training once back in Afghanistan. This last condition was considered a critical one because lack of cooperation from families, especially the male members of families, would render female training programs futile.

In order to meet these objectives, four general categories of data were collected. They were: (1) identification of women in refugee villages and urban areas of Pakistan who have received training in education and health fields, (2) details of training and prior/current work experience (3) personal background data (e. g., age, number and sex of children, geographic origin, ethnic affiliation) from which inferences regarding employment potential can be made, and (4) opinions about the women's and

will not return to Afghanistan. One should not forget that these groups include many of the more important Afghan men. Supportive men should be involved in developing and implementing these desensitization programs because, after all, most of them undoubtedly went through the process themselves.

RECOMMENDATIONS

The following recommendations suggest the training interventions and pre-condition programs in which UNICEF could assist to prepare Afghan women for effective involvement in the reconstruction of Afghanistan. The most promising areas of intervention as suggested by the data collected in this Inventory include: (1) teacher and master teacher training, (2) health management and supervision training, (3) skill upgrading programs for selected women trained in basic female/child care, (4) networking of trained TBAs/FHWs, (5) vaccination/immunization training, and (6) income generation targeting widows and wives of severely handicapped men. Other programs which will serve as preconditions to maximize the potential for success of training projects are: (1) male networking to overcome resistance to female training and income generation projects and (2) consciousness raising of female refugees to generate increased involvement of Afghan women in their own health and welfare. The the data also indicate an urgent need to identify widows in order to provide assistance in repatriation as well as physical needs after arrival in Afghanistan.

In several instances (e. g., widow identification and repatriation assistance, health training programs), the suggested interventions fall only partially within the scope of UNICEF's mandate and/or require initial co-sponsorship of other agencies, most notably UNHCR and the GOP Commissionerate. Moreover, the outcome of training programs for women will depend largely on the conditions in Afghanistan, the attitude of its new government, and the amount of support and direction the government provides.

Master Teacher Training

As indicated by the responses of the refugee women, increased education is an absolute necessity if other programs to improve the quality of life for all the people are to be successful. Failures to provide adequate training in all sectors (e. g., basic health, income generation) are positively correlated with the total non-literacy and concomitant limited world view of the majority of the Afghan refugee men and women in Pakistan. This disposition largely is responsible for the extremely high attrition rate of students after the third grade as parents who have no education themselves are hard-pressed to

see the benefits of school for boys who could be working or girls who soon will be married. Consequently, the success of any reconstruction assistance in the long view will depend upon the extent to which literacy levels and awareness beyond self and family can be broadened.

In the decade prior to the coup d'etat of 1978, the Government of Afghanistan, with the assistance of various foreign universities, made serious attempts to upgrade the educational system both in terms of curriculum development and teacher training. These plans, however, did not survive the change in government and subsequent war. It is difficult to assess the educational situation within Afghanistan. We do know that in some areas under control of the Kabul government, a Soviet system of education, complete with Soviet curricula and textbooks, is being used. In those areas of Afghanistan suffering intense military conflict, the educational systems have broken down completely. In other such places, one of the "cross-border" agencies is attempting to provide schools, textbooks and some limited teacher training.

In the refugee villages and towns of Pakistan where refugees are settled, UNHCR, the GOP, and several of the PVOs have provided some education facilities, textbooks, and teacher training (primarily on the secondary teaching level). The extent of education available, however, depends largely on location. In Baluchistan, for example, there are fewer schools than in the NWFP, existing schools are of poorer quality, textbooks were provided only in 1988, and teacher training has been almost entirely ineffective.

Education for girls, never very good on an overall basis, has suffered proportionately more than that for boys as a result of the war. There effectively are no schools specifically for girls in Baluchistan, the few girls who attend schools for boys in Baluchistan are virtually ignored, and the majority of the limited number of girls' schools in NWFP are located in Peshawar district.

Perhaps the most serious weakness of female education has been the lack of trained female teachers. Teachers who responded to the Inventory indicated that the flight of many well-trained female teachers has resulted in girls in Afghanistan being given teaching assignments with as little as an eighth grade education and no teacher training. Consequently, they are greatly lacking in both methodology and content. And, among the refugees in Pakistan, only a limited number of Afghan women have received any teacher training.

This discussion of the status of education for Afghan females indicates several serious deficiencies, e. g., limited educational opportunities, little encouragement to attend school,

poor teacher quality, and a lack of well-prepared teacher trainers. Given the time limitations and the scope of UNICEF's mandate, building girls' schools and training large numbers of female teachers would seem an unrealistic objective. In contrast, support for a program to prepare a cadre of master teacher trainers able to carry on their work back in Afghanistan is a more viable alternative with potential for long term impact on education both for boys and girls since mothers can be instrumental in encouraging education.

The suggested approach includes evaluation of the competence, both in content and methodology, of the Afghan female teachers currently employed in refugee schools as well as teachers identified by the Skill Inventory. This evaluation process could be accomplished with the assistance of the office of the Additional Secretary for Education (GOP Refugee Commissionerate) who oversee a limited female teacher training program in NWFP as well as the few PVOs who are involved in teacher training and female higher education projects (e. g., the International Rescue Committee, Pak-German Bas-ed). Ideally, schools run by the Resistance parties would cooperate as well.

Once the initial evaluation has sorted out the most competent teachers, a second assessment should be undertaken to select teachers from various parts of Afghanistan who demonstrate the willingness and ability to teach once they return home. A designated number of women would be chosen to participate in a program to prepare them to act as master trainers. The number chosen will depend both upon the amount of money UNICEF chooses to allocate and the number of master trainers available to teach the courses.

Since the women involved in this program all would be literate, there is less problem in using foreign personnel than there is in the training programs for non-literate women. In addition, there are a sufficient number of excellent female teachers with teacher training experience among the refugee community. The results of the Skill Inventory suggest that at least fifty women could be trained as master trainers in sessions of twenty-five teachers lasting three months each. If the selection committee is careful to choose teachers who represent different areas of Afghanistan, this program has the potential to provide a basis for improved female education in Afghanistan.

Finding an agency capable of providing this training may be difficult, though not impossible. The biggest problem will be in Baluchistan where there is no female teacher training and the male teacher training program has not been very successful. It is possible that OXFAM-UK, which has a small female teacher training program, may be able to expend with assistance from UNICEF. In the NWFP, several programs are worth considering. They are the IRC-managed Lycee Malalai, the Pak-German Bas Ed

program, SOS/PG Belgium Solidarite Afghanistan, and the Project Director Education (GOP Commissionerate) which currently trains approximately 25 female teachers per year.

Female/Child Health Care

The number of Afghan women trained in the higher level health fields (e. g., doctors, nurses, pharmacists, laboratory technicians, physiotherapists, registered nurses) prior to the refugee outflow is limited. Moreover, there is some question about the standard of health training provided in Afghanistan as well as a tendency by some persons to claim training they did not receive. And, finally, there are strong indications that medical training and care in Afghanistan for both men and women has disintegrated to a state described by one International Committee of the Red Cross (ICRC) official as "utterly chaotic".

Investigation of the medical training programs offered to Afghan refugees in Pakistan indicates that a reasonably large number of male refugees who represent a potentially acceptable level of geographic coverage in Afghanistan have received training as paramedics. This training, although difficult to evaluate, appears to have prepared these men to provide adequate treatment in trauma cases and recognition of the need to seek assistance in serious cases. This expertise will be very beneficial during the repatriation and early reconstruction periods when the rigours of the return journey, injuries sustained from landmine explosions, and friction between political groups undoubtedly will require the same kinds of medical treatment and assessment needed during the war.

The medical skills of these males, however, does not address the basic health problems of the women and children because, in most cases, women will not seek assistance from a man. As a recent paper pointed out, Afghan women "voluntarily maintain their isolation while suffering untold illness and pain. Hundreds of women have died with a clinic and a male medic minutes away" (Training of Women Medical Auxiliaries, International Medical Corp, 1988). With one of the world's highest infant and child mortality rates, further exacerbated by the ordeal of the war and refugee experience, the women and children of reconstructing Afghanistan face a serious crisis.

Approaching the poor status of female/child health care as an emergency, however, does not seem in keeping with UNICEF's *modus operandi* of long term improvements to health. Consequently, simply expanding the programs developed during the refugee period (emergency) may not be the most expedient approach. The majority of the medical training programs for Afghan refugee women in Pakistan have emphasized female/child care (TBAs, FHWs). The stress on this kind of training was based on a fairly solid rationale. Most of the refugees are from

conservative rural backgrounds where women are not educated and do not work outside the home. Moreover, the home villages were populated mainly by related people whereas, in the refugee camps, many strangers (Pakistani males, unrelated Afghan males, expatriate agency personnel), coupled with restrictions imposed by some of the resistance parties, greatly reduced female mobility. The TBA/FHW programs could be implemented in the homes of women or camp leaders and, thus, generated less resistance than training programs requiring the women to leave their area of the camp.

Several of the PVOs currently involved in female refugee health training have made proposals to increase the numbers of women in their existing programs (e. g., TBA/FHW, vaccinators) and/or to begin new programs (e. g., paramedical training). The decision-making on funding for these programs should address the twin issues of utility and viability, that is, which programs will have the broadest and most protracted impact on the health of women and children in Afghanistan and which programs can be implemented successfully given the indeterminate time factor.

Potential viability is affected by many factors, the most important of which are (1) the availability of women with sufficient basic training to profit from upgrading of skills, (2) the availability of women who want to and are able to practice their skills once back in Afghanistan, (3) the availability of acceptable skilled trainers, and (4) the willingness and ability of the PVOs currently offering training programs to implement new, more sophisticated re-training programs.

For UNICEF, the most critical factor in judging utility is the long term impact the training will have on the health and quality of life of Afghan children. The Inventory of skilled Afghan women strongly suggests that the upgrading of the skills of selected women who have received training in basic female/child health care is the most viable alternative. Several factors mediate against concentration on higher level skill groups. First, the numbers in most of the categories are very small. Second, the majority of the women with these skills will prefer to return to urban centers and those who have expressed a strong desire to work where needed probably already have sufficient skills. Third, short-term programs in paramedical and, even, basic nursing may actually have negative effects on health care because too frequently people with this kind of training are requested (and usually respond) to practice a much higher level medicine than they are trained to perform. In addition, evidence suggests that most women will take advantage of male paramedical expertise in trauma cases and there are sufficient numbers of men trained to handle these cases.

Attention to basic female/child health care is warranted for several reasons. First, the refugees will return to a country

with no rural health facilities in place. Second, by far the majority of rural Afghan women will not accept ante- and post-natal care from a male. Third, research in other parts of the developing world indicate strongly that basic health improvements (e. g., hand washing, clean water, ORT) have dramatic effects on infant and child health.

Given the number of Afghan women trained in the area of basic female/child health care and the apparent level of skills, the following activities are suggested:

(1) The existing TBAs/FHWs who expressed both a willingness to work in Afghanistan and the desire for additional training should be evaluated to select out women who demonstrate the highest skill level. Several other attributes should be considered in the selection process, including age, marital status, number and ages of children, geographic location, ethno-linguistic group.

The re-training program should include upgrading of existing skills, but concentrate on the basic health care issues that have been shown to have an impact. The program should also include some management and supervisory training so that the women can coordinate activities in their own villages and, ideally, report (perhaps through male village leaders) to a central health care facility in the district centers.

(2) Training more female basic health workers in the refugee villages where PVOs currently have training programs does not appear to be justified. Therefore, expansion of the TBA/FHW programs should include development of a selection process for new trainees which concentrates on assuring a more even coverage of geographic and ethno-linguistic groups. In addition, the teaching methodology should be assessed to determine whether or not it is necessary to reduce the number and/or level of concepts offered.

(3) During the re-training program for supervisory basic health workers, the most skilled women should be chosen for training in vaccination/immunization. In order for these women to function properly as vaccinators/immunizers, it will be necessary to provide them with some basic literacy skills or to develop a process by which they can report and re-supply verbally through a male counterpart.

(4) Those women in the highly skilled categories who have expressed a willingness to work at least part of the time in rural areas should be organized and trained in supervisory/management skills. Through these women a network of basic health workers for each province with a central facility in each provincial capital could be organized. It is important that these women be organized and trained prior to their return to Afghanistan in order that they have input into the program

design. Although the numbers of Lady Health Visitors (LHV) is small, their experience among the refugees would make them a valuable source for supervisory work.

(5) It is recommended that a workshop be held to discuss networking logistics, candidate evaluation, and the content and methodology for the training program. This workshop should be attended by representatives of UNICEF, UNHCR, WHO, the most involved PVOs, the GOP Project Director Health, and, most importantly, by selected Afghan and Pakistani women (e. g., LHVs) who have been working with women in the refugee villages.

Since many areas of the country are not represented by women trained in basic female/child health care, model programs initially may be required. Such programs also will serve the purpose of providing good examples of women in health care to overcome resistance in more conservative areas of Afghanistan.

Several agencies have expressed an interest in participating in this venture. It, of course, will be most expeditious if the agencies already providing basic female health training are willing to expand into other geographic areas. With the assistance of UNICEF, as well as the knowledge to be gained from a workshop, these agencies would be best suited to supervise the program. They include IRC and SCF-UK in the NWFP; AICF, Medicins san Frontieres (MSF), and Catholic Relief Services in Baluchistan. There are, however, several smaller agencies in the NWFP who have expressed an interest in these programs. They are the Afghan Health and Social Assistance Organization, the Afghan Vaccination and Social Assistance Center (AVICEN), and the International Medical Corps (IMC).

Widows and Wives of Handicapped Men

The general situation of refugee widows and wives of severely handicapped men was indicated in Section IV of this report. More specific problems that widows and families of handicapped man may face include the following. First, although there is no irrefutable evidence to support the contention, there are indications that widows and families of handicapped men not absorbed into families with able-bodied men may have difficulties in repatriation. For example, many of these women live in towns or refugee villages where tribal/traditional social structures have broken down. In towns, the women are dependent upon the political parties or, occasionally, on individual Pakistani families for assistance. One well may assume that, in the intensity of the repatriation process, these people will be unable or unwilling to provide much assistance.

In camps, these women often reside in areas where the old style <u>khans</u> have been replaced by the "ration maleks~ who have

neither the authority nor the sense of responsibility necessary to be effective in assisting in the repatriation of needy persons. Thus, it is recommended that a process to identify and register widows and wives of handicapped males be initiated as soon as possible. Past experience has shown that this process will be a difficult one. Identification procedures, however, should combine assistance from male camp leaders with help from the many expatriate, Pakistani, and Afghan women who are working in the refugee villages.

The data provided by the Skill Inventory also will be useful in identifying widows and designing income generation training programs suitable to their needs. At least 400 (19 percent) of the women inventoried are widows. There is, unfortunately, no figure for wives of handicapped males. Of those who reported locations in Pakistan, 101 live in cities (17 in Peshawar and 84 in Quetta). The remainder live in various refugee villages. And, although the average age of the widows is 42, 56 of them have children under the age of 12. The majority of the widows have no real means to support themselves as the only training they have received is as TBAs, FHWs, or midwives.

Consequently, it is recommended that income generation training projects targeting widows and wives of handicapped males be developed. As indicated in Section IV, these programs might include office skills, factory work, basic literacy, tailoring, and light construction for urban women and poultry/small livestock raising, kitchen gardening, small-scale forestry, weaving, embroidery, sewing, pottery making for rural women. Ideally, these programs should be initiated in Pakistan so that the women will have some experience prior to returning to Afghanistan.

Because the "women without a means of support" issue is a sensitive one in the Afghan community, few of the PVOs have expressed much interest in program implementation. As the prospect of repatriation has become more of a reality, however, several smaller agencies have proposed programs. These agencies include the Afghan Muslim Women's Organization, the Islamic Relief Agency, and Shelter Now, which conducts a small widow program in the Nasr Bagh refugee camp. In addition, the UNHCR Social Service Officers in the Quetta and Peshawar sub-offices have expressed their concern about the widow/wife of handicapped male population as well as a willingness to assist in program design and (with UNHCR's approval) implementation.

<u>Programs to Maximize Training Potential</u>

As pointed out above, the potential for the effective use of skills learned in training and re-training programs for women largely will depend on three factors: (1) the attitude of the

new government toward women's education and employment and the amount of support the government is willing to provide to women, (2) the attitude of the women's families (primarily the male members) toward female training and employment, and (3) the willingness of the women themselves to learn skills and to use the skills they learn. UNICEF can do little about the kind of government and amount of support to women that government will provide. It may be possible, however, to use the time remaining in Pakistan to raise the consciousness of both men and women regarding the need for women to be involved actively in the reconstruction of Afghanistan.

Two means of maximizing the potential for successful training programs are suggested. First, a network of supportive males should be organized. These men should be assisted in designing their own approach to raising the consciousness of their more conservative compatriots in both the cities and refugee villages in Pakistan. The suggestions made by the women who participated in the selected interview process could form a basis for the persuasion process. Perhaps most convincing will be the necessity for women to participate in reconstruction generated by the total destruction of some areas of Afghanistan as well as the reduced number of able-bodied males who will be available.

Ideally, the resistance parties should be involved in this consciousness-raising process. In order to avoid or, at least, reduce the level of conflict with political parties, the willingness of the women to work in hejab, the need for women to assist other women (especially in the female health area), and the Koranic teachings on the education of women should be emphasized.

Second, an Afghan women's group should be organized whose members will serve as outreach workers to convince Afghan women of the need for their involvement. It may be possible to accomplish this objective by supporting the expansion of groups already in existence, e. g,. the Afghan Muslim Women's Organization, the Islamic Women's Organization. In addition, all female training programs should include lessons on the critical need for female involvement in their own programs. Some programs already address this issue, for example, the teacher training program at the IRC-sponsored Lycee Malalai in Peshawar. It was made very clear during this Inventory Process that the Afghan women only now are beginning to realize that they will not be able to take their Pakistani sisters, who have worked so hard in the refugee villages, home with them. This incipient realization should be exploited as quickly as possible to avoid loosing the incentive that the refugee experience has generated.

their families' attitudes toward work and additional training.

From the data gathered by the Skill Inventory, the following general observations can be made. First, the proportion of Afghan refugee women in Pakistan who have received adequate training in the education and health sectors prior to their arrival in Pakistan is minimal. Previous research by this and other workers indicates that female higher education was very limited in pre-coup Afghanistan. Moreover, it was geographically, ethnically, and socio-economically biased. This situation is even more marked among the refugees in Pakistan because the majority of educated persons of both sexes who have fled Afghanistan migrated to developed countries.

Second, at least two kinds of interrelated geographic biases, with implications for female involvement in the reconstruction of Afghanistan, prevail among the refugees. They are an underrepresentation of trained women from certain parts of Afghanistan and a lower proportion of trained women in the towns and refugee villages of Baluchistan than in the North West Frontier Province (NWFP). That educational opportunities were more available to people living in particular areas of Afghanistan (e. g., Kabul and the central eastern provinces) is largely responsible for the geographic differences found among the refugees (both male and female) in Pakistan.

Third, by far the vast majority of women with training and/or experience in the health and education sectors identified by this Inventory received their training after their arrival in Pakistan. While the numbers of trained Afghan women in Pakistan are impossible to verify, observations and experiences of the Inventory team indicate that a substantial representation of the larger population of trained women was obtained. The overall number of trained women indicated by the Inventory sample is somewhat misleading in that approximately 50 percent of the sample had received either no formal training or rather superficial instruction in basic mother/child health care. Moreover, very little evaluation of the extent to which these women use their training and the effectiveness of the training has been completed, although several PVOs have initiated evaluation procedures.

Fourth, only about 5 percent of the women identified in the Inventory have received training which may be considered adequate by international standards. This situation is somewhat more critical in the health sector not only because poor training in the provision of medical treatment can have more immediately disastrous effects than poor teacher training but also because the numbers of women with actual teaching experience is greater than those with previous medical experience. In addition, it is easier to evaluate the performance of teachers in a classroom situation than it is of medical practitioners who work

unsupervised in their and other's homes. And, finally, teacher training programs for women in Pakistan (both Pakistani and Afghan) suggest that female teachers find it easier than their male counterparts to move from the traditional didactic teaching approach to a more child-centered one thus reducing the need for long training seminars.

Fifth, the existing training programs for Afghan refugee women offered by the Government of Pakistan (GOP) and Private Voluntary Organizations (PVOs) may not be capable, without guidance or staff additions, of providing the upgrading of skills required in either the health or education sectors. Several agencies indicated a willingness to increase the scope of their female training programs. With few exceptions, however, the agencies currently engaged in female health and education training seem unprepared to undertake this task if it requires a radical deviation in focus from the approach currently in use. Therefore, UNICEF may need to consider assistance in program design and implementation procedures in addition to monetary support.

Sixth, the Inventory indicates a reasonable level of desire and a willingness for additional training and application of skills acquired from training both on the part of the women and their families (see discussion below). The most frequent reservations about additional training were a lack of payment during the training period and problems when training was given in a language other than the mother tongue (i. e., Pashtu or Dari rather than Uzbeki, Turkmani). The data, however, also suggest that many women attend the training courses as a social outlet rather than for serious training purposes. And, given the lack of an infrastructure for organizing and supervising utilization of skills in many areas (e. g., traditional birth attendants, mother/child workers) once the women have returned to Afghanistan, it would seem ineffectual to offer skill enhancement programs on a random basis. The experience gained during the Inventory suggests, rather, that an effort be made to devise a process to evaluate the skills of the women identified and to use the inferential data to devise a selection process for the most competent women to be trained as trainers, networkers, and supervisors.

The following report addresses these six observations in greater detail. The report format is as follows: (1) a discussion of the methodology used to collect and analyze the data, (2) a qualitative analysis of the data, (3) a discussion of the implications of the data, and (4) programmatic recommendations consistent with the information gained from the Inventory. These recommendations focus on the needs and potential for fulfilling these needs as indicated by the information collected. In order to make inferences regarding the contributions trained women will make, a quantitative analysis

revealing indices of relationship between variables is recommended.

II: METHODOLOGY

Alterations to Original Terms of Reference

Minor alterations to the original Terms of Reference for compiling an Inventory of Afghan women trained in the health and education sectors were made after preliminary fieldwork was completed. These include: (1) duration of survey, (2) size of sample, (3) number of interviewers required, and (4) analytical techniques applied.

The original duration of the Inventory, as cited in the Terms of Reference of 1 August 1988, was thirteen (13) weeks. Of the thirteen weeks, twenty-six (26) days were designated for data collection. The total duration of the Inventory was extended to 132 days (18.8 weeks) with approximately eight (8) weeks used for data collection. This change was based on the need to accomodate the schedules of the various PVOs and GOP agencies assisting in the Inventory. The political atmosphere in the Afghan refugee community is at times a stressful one. This situation was exacerbated further by the insecurity generated by the Geneva Accords, fears regarding the refugee assistance agencies' response to the Accords, and the untimely death of Pakistan President General Zia ul' Haq. Consequently, the assistance of the recognized agencies was crucial in gaining access to women in the refugee villages. The representatives of the private and governmental agencies very graciously extended their assistance. Nonetheless, interviewing the women, many of whom are involved in refugee programs, necessarily required considerable time away from program work and training. The extension period for data gathering covered the schedules indicated as convenient by the agencies.

In addition, the original Terms of Reference did not include time for translation and computer data entry. Consequently, two weeks were added for the large amount of data collected to be translated and entered into a database program.

In the original Terms of Reference a full-time interviewing schedule called for twenty (20) interviewers to complete five (5) interviews per day for twenty-six (26) days. It was necessary to alter this approach in order to maximize the potential for the gathering of accurate data. The majority of the women with sufficient skills to act as data gatherers either were working at other jobs or studying. The Project Supervisor proposed an extension of the inventory duration to allow skilled women to act as interviewers on a part-time basis.

The sample size targeted in the original Terms of Reference was 2,600. Since there were no data on the number of Afghan women skilled in health and education, this figure was not intended to represent a sampling percentage of a larger population but, rather, seemed a reasonable number given the lack of data. Preliminary discussions with PVOs and members of the Afghan refugee community indicated the existence of a smaller number of trained women than expected. The final sample totaled 2,150.

The original Terms of Reference stated that the data would be analyzed both qualitatively and quantitatively. Because of the parameters imposed on the selection (i. e., women with particular kinds of training) and a decision to target areas where trained women were known to reside, the sample is not a statistically random one. Nonetheless, the inventory guide was structured so that simple indices (e. g., chi-square) could be used to evaluate the existence of relationships between variables. This type of analyis requires translation of all data into a numerical coding system. Such coding does not represent the data in an easily comprehensible manner. It was recognized during the Inventory process that a very valuable data base could be constructed from the identification of trained women and the information collected about them. This data base would provide agencies designing new training programs or altering old ones with an invaluable source of information. Consequently, the Project Supervisor recommended that the data be entered into a data base program for initial recommendations and use by other agencies and that a statistical analysis be performed later.

Inventory Target Areas

A preliminary assessment of the areas most densely inhabited by Afghan women trained in the health and education sectors constituted the main criterion for selection of Inventory target areas. A minor limitation on Inventory areas was imposed by the places the Afghan interviewers were allowed to visit, i. e., none of them were permitted by their families to stay overnight in a refugee village. This situation, however, did not pose a serious problem because a large portion of the camps containing the most trained women are located within a day's drive of Quetta (Baluchistan) and Peshawar (NWFP). In NWFP, it also was possible to hire several Pakistani women to conduct the interviews in camps requiring overnight stays. In some cases, the interviewers were employees of PVO health programs, providing the added advantage of the personal knowledge of the female refugee population.

The areas targeted for the inventory were:

In Baluchistan: Quetta
Mohammed Khail refugee village
Saranan refugee villages
Surkhab refugee villages

In NWFP: Peshawar
Kacha Garii refugee village
Nasr Bagh refugee village
Dir refugee villages
Bajaur refugee villages
Kohat refugee villages
Mardan refugee villages
Thal and Hangu refugee villages
Various smaller refugee villages and towns in Peshawar district

Sample Selection

Various means were used to establish contacts with trained women within the refugee villages, towns, and cities. In the refugee villages, trained women initially were identified through the schools and Basic Health Units (BHUs) run by UNHCR, the GOP Project Directors Health and the GOP Additional Secretary for Education (Afghan Refugee Commissionerate), and the PVOs. The women identified by these agencies were asked to provide introductions to other women in the camps who had had previous training in the health and education fields but who are jobless.

In the cities and towns, officials of agencies, the Afghan political parties, and personal contacts of the Project Director and the interviewers provided the initial contacts with the women to be interviewed. These women also were asked to provide introductions to other women. Care was taken to reach as wide a cross-section of the trained female population as possible.

Selection and Training of Interviewers

Because the Inventory is a large one and was conducted simultaneously in two provinces, the Project Director was unable personally to supervise data collection at all times. Thus, it was necessary to choose interviewers who either had previous experience in survey work or who had some management experience. In addition, interviewers were selected who demonstrated some knowledge of the Afghan community so that use could be made of their contacts and they would show the maximum sensitivity in administering the guide. In some cases, these women were refugees themselves; in others, they were Pakistani women who previously or currently worked with refugee programs. One woman in Peshawar and one woman in Quetta were chosen to act as unofficial "supervisors" in the absence of the Project Director.

Selection and training of the interviewers was facilitated greatly by the use of the International Rescue Committee facilities in Peshawar. The English language training courses and the Lycee Malalai were made available for interviews of candidates, training sessions, and subsequent meetings.

The two training sessions for the primary interviews, one in Quetta and one in Peshawar, lasted for approximately three days. Three other shorter training sessions were required for the interviewers who came from the camps. In these instances, a senior Lady Health Visitor (LHV) or teacher coordinator attended the sessions. Training included the following: (1) an explanation of the Inventory objectives, (2) an orientation to the Inventory guide and its rationale (e. g., the reasons for including political party membership, the need to be careful about geographic origins), (3) a demonstration of administering an Inventory guide, (4) role-playing between interviewers using the Inventory guide, and (5) supervision of administration of the inventory guide in the field. Periodic "refresher" discussions were held during the data collection period.

Following the training process, the interviewers were asked to form work units based on their geographic proximity to one another, the places they could visit, and the times they could work. Each unit chose a representative to coordinate activities in order to avoid duplication of efforts. The representative reported to the Project Director or, in her absence, to the unofficial supervisor. This approach assured that the interviewers would have the experience of developing a plan of action for themselves and, thus, feel more responsible for the outcome of the project. The results were very favorable. In fact, many of the interviewers commented that, although the work was difficult at times, they had enjoyed the experience because they felt a part of the design and implementation process.

Actual interview techniques varied according to the site of the interviews. In the cities and towns, most interviews were conducted either on a one-to-one basis in private homes or in the organizations for which the interviewees worked. In some cases where literate women were gathered (e. g., English language courses), group interviews were carried out with the interviewers explaining the purpose of the Inventory and guiding the interviewees through each question. In the refugee villages, nearly all the interviews were conducted on a one-to-one basis because the majority of the interviewees were non-literate.

Inventory Guide

The Inventory guide was made available in three languages: English, Dari (Afghan Persian), and Urdu. In the interests of accuracy, the interviewers were permitted to write responses in any of the three languages. Some of the women were proficient in